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Approved For Release 2000/08/16 : CIA-RDP82-00357R000700020078-2

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION TITLE		
7. GRADE	8. DATE REPORT DUE IN OP		9. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
10. TYPE OF REPORT (Check one)		INITIAL	REASSIGNMENT-SUPERVISOR		SPECIAL (Specify)
		ANNUAL	REASSIGNMENT-EMPLOYEE		

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☐ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	<input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE ☐ C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR ☐ D. SUPERVISOR'S OFFICIAL TITLE ☐

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

Office of Personnel
Personnel Management Program
MASTER FILE COPY

I certify that any substantial difference of opinion with the supervisor is reflected in the above section. ☐ CONTINUED ON ATTACHED SHEET

A. THIS DATE ☐ B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL ☐ C. OFFICIAL TITLE OF REVIEWING OFFICIAL ☐

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- | | |
|----------------------------|--|
| INSERT
RATING
NUMBER | 1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. |
| | 2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
| | 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. |
| | 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. |
| | 5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. |
| | 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR. |

COMMENTS:

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2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

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DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

- f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING
GIVING LECTURES
CONDUCTING SEMINARS
WRITING TECHNICAL REPORTS
CONDUCTING EXTERNAL LIAISON
TYPING
TAKING DICTATION
SUPERVISING

HAS AND USES AREA KNOWLEDGE
DEVELOPS NEW PROGRAMS
ANALYZES INDUSTRIAL REPORTS
MANAGES FILES
OPERATES RADIO
COORDINATES WITH OTHER OFFICES
WRITES REGULATIONS
PREPARES CORRESPONDENCE

CONDUCTS INTERROGATIONS
PREPARES SUMMARIES
TRANSLATES GERMAN
DEBRIEFING SOURCES
KEEPS BOOKS
DRIVES TRUCK
MAINTAINS AIR CONDITIONING
EVALUATES SIGNIFICANCE OF DATA

- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY		6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER	
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY		FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS	
	3 - PERFORMS THIS DUTY ACCEPTABLY		7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY	
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER			
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB			

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

SECTION D.

SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☐ NO. IF YES, EXPLAIN FULLY:

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FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the OP no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
10. TYPE OF REPORT (Check one)	INITIAL ANNUAL	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify)

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> RATING NUMBER	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

DESCRIPTIVE SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
		A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
		WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX

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3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

4. COMMENTS CONCERNING POTENTIAL

SECTION H.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I.

DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE

2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE

3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE

4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE

5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY NUMBER

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
	1. ABLE TO SEE ANOTHER'S POINT OF VIEW		11. HAS HIGH STANDARDS OF ACCOMPLISHMENT		21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES		12. SHOWS ORIGINALITY		22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
	3. HAS INITIATIVE		13. ACCEPTS RESPONSIBILITIES		23. IS THOUGHTFUL OF OTHERS
	4. IS ANALYTIC IN HIS THINKING		14. ADMITS HIS ERRORS		24. WORKS WELL UNDER PRESSURE
	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS		15. RESPONDS WELL TO SUPERVISION		25. DISPLAYS JUDGEMENT
	6. KNOWS WHEN TO SEEK ASSISTANCE		16. DOES HIS JOB WITHOUT STRONG SUPPORT		26. IS SECURITY CONSCIOUS
	7. CAN GET ALONG WITH PEOPLE		17. COMES UP WITH SOLUTIONS TO PROBLEMS		27. IS VERSATILE
	8. HAS MEMORY FOR FACTS		18. IS OBSERVANT		28. HIS CRITICISM IS CONSTRUCTIVE
	9. GETS THINGS DONE		19. THINKS CLEARLY		29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
	10. CAN COPE WITH EMERGENCIES		20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS		30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

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